

WIC Futures Study Group

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Riverstone Health
123 S. 27th Street, Billings, MT

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Introduction

In response to financial, structural, and operational challenges within the Montana Women, Infants, and Children (WIC) nutritional program, the WIC Futures Study Group met to discuss the WIC service delivery system. The goal of the Study Group is to develop a statewide delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

The meeting was held on Tuesday, January 31, 2012. The following is a report of the meeting activities.

Participants included:

Mary Beth Frideres	MPCA	Gillian Brown	Fergus Co. HRDC
Joan Bowsher	DPHHS/WIC	Kathleen Jensen	Sheridan County HD
Carrie Reynolds	DPHHS/WIC	Terri Hocking	Butte HD
Dorota Carpenedo	DPHHS	Jeannie Siefert	Dawson County HD
Denise Higgins	DPHHS	Debbie Hendrick	RiverStone Health
Chris Fogelman	DPHHS/WIC	Gayle Espeseth (o)	RiverStone Health
Bernadette Lahr	DPHHS/WIC	Shawn Hinz (o)	RiverStone Health
Heidi Nielsen	Deer Lodge/Beaverhead County WIC	Tannya Eisenbraun (o)	RiverStone Health
Bill Hodges	Big Horn County HD	Liz Wildman (o)	Gallatin HD
		Jill Steele (o)	Gallatin HD
		Darcy Hunter (o)	Gallatin HD

(o) = observer

The meeting was facilitated by Mary Beth Frideres of the Montana Primary Care Association.

Opening Comments

Opening comments were made by Joan Bowsher, DPHHS WIC Director. Group members introduced themselves.

Report from the State on Status of WIC

Budget - Joan told the group that the state program had received the funding allocation in November. The funds were slightly less than last year. Everyone, she said, is short this year because of national cuts to WIC. Joan said the state will keep everyone whole according to their current contracts and they are working on preserving the plan to give bonuses. The state will continue to ask for additional funding for both OA and reallocation. Joan said they are estimating that they will be short food dollars. Food expenditures are hard to predict. The state has had many meetings to discuss what could be done.

Carrie walked the group through options they have identified to produce cost savings in consultation with the regional WIC program and other states. The goal is to save \$100,000 per month in food dollars for 6 months. Options:

1. Store brand if available – could save \$90,000/month
2. Go from canned to dried beans – could save \$20,000 per month
3. Keep cheese as an option
4. Alternate peanut butter with dried beans – could save \$10,000 per month but WIC staff do not like to alternate – difficult to track
5. Remove organic milk – could save \$25,000 per month

Right now, the recommended plan is to implement options number one and two. Jane Smilie and Anna Whiting Sorrell are reviewing the recommendations. Changes will go into effect March 1, 2012. Joan feels that the feds will probably be more willing to give more money if a cost containment plan is in place.

Questions/Comments/Suggestions – One group member asked if there is urgency felt about this problem. Joan said yes. She said she would like to avoid waiting lists and alternating food items which she said discourages participation. The things they considered were – will it take more time to implement? Will it take more time to educate participants? A sticker on the brochure is much cheaper than reprinting all of the brochures. There will be a conference call on February 23rd and the changes will be explained to everyone interested at that time. Two Study Group members impacted by the oil boom in the eastern side of the state described higher costs due to demand and congestion around Williston which impact access for participants.

Communication – The newsletter and bimonthly conference calls continue to be well-received. Joan said the state tries to let everyone know what they are working on. The state is currently working on Chapter Five (eligibility) of the 2013 State plan. If anyone has questions or comments, please give her a call. Joan said she is aware some people have issues with eligibility so she plans to send out a draft of the chapter when it is ready and to gather input on the draft through the conference call process. She said she is also aware that the large group caucus representative brought a letter about this today which will be reviewed later on in the agenda. Joan said she would really like to know of issues early through a phone call or discussion on the conference calls. The contracts are for nine months and then everyone will get a three month contract for the rest of the year. Bonuses will be in the fourth quarter contracts.. State legal staff are also working on revisions to the state master contract.

Remote Services – Some agencies are using remote RD services over the phone or through WebEx. She said Skype is not secure and is not used. Kalispell is using iPads with cameras and the secure video software that works with that system. The RD in Missoula likes providing remote services and is doing the most. Although the state has not monitored a clinic using these services, they have heard good feedback. WIChealth.org offers online education for low risk participants which can save time for staff. If the participant sends or brings in their certificate, they can get benefits.

Special Projects – The state is continuing to work on the M-SPIRIT system, fixing bugs and loading enhancements. They work with the M-SPIRIT user group which has representatives from 20 states to consider problems and plan for the future. Joan reported that the EBT planning is complete and that all documents have been submitted to FNS for approval. There is good support for implementation. Down the road, SNAP and TANF will have the same contractor but separate cards. The plan is to combine into one card in the future (five years). The food package for the entire family will be on the EBT card and participants will be able to spend it any way they want. Participants will be able to buy one gallon of milk or everything in the package. At the bottom of the sales receipt, it will note what is remaining for the month. Participants will be able to split their fruits and vegetable funds or spend it all at one time.

Letter from the Large Caucus – Debbie Hendrick presented a letter from the large WIC clinic caucus which addressed three eligibility issues. Joan reviewed the history of each issue. Six years ago, prior to Joan taking the WIC director job, the WIC program was reviewed through a Management Evaluation. The State WIC office had relaxed the rules to the point that USDA was “ready to pull the WIC program from DPHHS.” In 2010, after Joan had been the director, a Management Evaluation only showed 6 findings. Joan said that the state has to be careful not to cross the line from what is allowed to what is not allowed. Joan told the group what the state plan said and what the feds will or will not allow for each of the issues.

1. Proof of Residency – It is not okay to use any piece of mail that comes to your house as proof of who you are. The state has been told that OPA does not verify residency but WIC is required to do so. However, it is allowable that the mother of the WIC participant may write a note stating that the participant lives at a certain address (third party verification). A question was asked – Could the OPA landlord form be used for verification? Joan said she would check into that. Many of the issues have to do with people who move from living with one person or family to another, i.e., “couch surfing.” Those can be addressed as being homeless and following the guidelines for homeless participants. The feds audit the state program through chart review. They look to make sure residency and income are documented correctly and then they apply the percentages of errors to the larger population. For example, if 50% of the audited charts do not have verification of residency, they assume that 50% of the program participant charts do not have adequate verification. That can really hurt a program as they can then request that the state pay back 50% of the money that was given out. A Study Group member asked if research could be done to identify if other states have less restrictive policies. Joan said that this has been done and MT, in some cases, is less restrictive than other states. The state staff said they would put an article in the newsletter which would go through the homeless process for participation.
2. Redemption of Fruits and Vegetable Benefits – Joan said that federal regulations prohibit participants from paying for WIC benefits. Some states have tried it but then changed back. Montana considered it but decided not to go forward because of the confusion it would cause retailers – why can’t they pay for this but not others? Grocers could collect the difference and charge WIC, too. It can also create a stigma if the participants don’t have the money. Joan said that moving to EBT will add some purchase flexibility but until then, she said she does not see the state changing the policy. A Study Group member asked if the benefit could be changed to a coupon – up to x% off. Joan did not see how that could happen with the current software system.
3. Definition of Exclusive Breastfeeding – as time was limited, Joan said that she would take this issue back to the office for discussion and research and put it on the agenda for the next meeting.

Report on Potential Eligibles - Dorota walked the group through her study design for identifying the number of residents in each county who were potentially eligible for WIC services. (Please call her for details about your county.) Study Group members reviewed their data and asked questions. Joan said that it looked like retention of WIC participants was the biggest issue. Clinics are trying to hurry and certify lots of clients but keeping the ones that have already been certified is a better strategy. When asked why it looked like there were many potentially eligible in comparison to those being served, Joan said the benefit goes up to 185% of poverty and, therefore, includes the working poor. Some don’t know or don’t think they qualify for WIC. Some don’t want it. One of the best practices identified by other states is a “bring a friend to WIC” campaign.

RFP – Joan talked about the three programs that will be put on RFP due to state requirements for non-health department programs. The three are Lewistown, Miles City, and Glasgow. The RFP will be posted next month. Notifications will go out to those areas of the state. The state is hoping to award by July 1, 2012 to go into effect October 1, 2012. Interested applicants do not have to propose to serve the whole region up for RFP.

Performance Bonuses – The state is hoping to have \$200,000 for bonus payments. One half will be divided by participants and distributed to all agencies. One half will be awarded to agencies that meet their goal divided by the number of participants. Many of the agencies like the idea of performance bonuses. The state would like to do it again, but may change one of the options to increase the retention rate – ideas are welcome.

Local Agency Monitoring

Mary Beth introduced the topic by asking group members to listen to the state report with an open mind, to hear their side of the story, and to consider their recommendations. There are many sides to this topic, she said, legal issues, issues of quality care, and accountability. The state wants you to understand what they face and to provide input into what should be done.

Joan said the state is trying to figure out how to evaluate clinic performance in a fair way and to hold the same standard for everyone. She asked Carrie to provide background information. Carrie said that during monitoring, teams of two reviewers from the state visit a clinic. Charts are audited for administrative (like eligibility) and clinical compliance to WIC rules and regulations and reviewers observe WIC processes. Findings are reported and, a times, a corrective action plan is requested. In several cases, a plan is developed by the clinic to address the deficiencies but upon a return monitoring visit, the same problems are found again. There are no consequences, so there appears to be a feeling that change is not necessary. Recommendations are not taken to heart and there is no improvement. This is very frustrating to the monitoring team and puts the state at risk of being out of compliance. The program could be harmed if this is not addressed. When asked what the incidence of this happening is, Joan told the group that around 50% of the WIC clinics are performing well but 50% are not. There is repeated failure to improve.

The group then brainstormed a list of actions that could be used by the state to address non-compliance issues. The following is the result of that process:

Issues: Legality/Quality/Accountability/Consistency/ Standardization of Expectations/Prevent Consequences

Action Options (in no order):

1. Corrective Action Plan
2. Communication through the Chain of Command
3. Clinic asked to repay food dollars
4. Additional monitoring
5. Other program funds pulled (like Farmer's Market)
6. Mandatory technical assistance training
7. Mid-year monitoring
8. Annual overview of how the program is going, if a new person joins the staff, more often
9. Clinic asked to pay for training (maybe down the road)
10. Require a Quality Improvement/Assurance plan
11. Mentoring by another clinic's staff
12. Cross-WIC clinic chart review
13. Progressive action (like progressive discipline)
14. Actions taken depending on number of findings 1-4 vs. 5-9 vs. 10-above.
15. Probation
16. Cut funding of poor performers and give to good performers
17. Self-monitoring
18. Take the WIC contract away

Many Study Group members talked about why action is necessary – it could hurt the program if people are allowed not to follow the rules; we want a quality program; we all need to be held to the same standard; if we tell people the expectation and what the consequence is, they may do what needs to be done to avoid the consequence; if people are not eligible, it could be fraud; we want a good program; treat everyone the same; not rewarding bad behavior; many do not want to lose WIC; WIC is an important service.

This **concern** was raised: Would this place more demands on the state?

These **recommendations** were offered:

1. State should develop standards of performance.
2. State should develop management tools for WIC.

The group was asked by the facilitator if any of the Action Options should be removed from the list. No one suggested changes. The facilitator asked the group if the state staff could develop a compliance plan based on the option list and propose that DRAFT plan to the group at the next meeting or before. The group members agreed to that as a next step. One participant suggested that the DRAFT be shared with the large, medium, and small caucuses, as well.

Evaluation (+/△)

In regard to what the group members liked about the meeting, the following comments were gathered:

- The meeting was robust, candid, people were not protecting their turf, it is great that people said it like it is, this group is doing great things.
- Grateful to Billings for hosting, we have an honest rapport with each other, representation from large, medium and small clinics, we are still meeting needs.
- Being in the peanut gallery was scary at first, but I feel safe now, WIC is such an important Public Health program, I appreciate the state staff.
- Appreciate all of the open minds and feedback and trust.
- Liked the monitoring part – ongoing – doing more than most states.
- Liked having the meeting in Billings, appreciate candidness, good to spend the whole day on WIC to create a better system, appreciate the QI focus and Dorota's work that gives me numbers to work with.
- Don't mind having it in Billings, good ideas, helpful to share.
- Pleasant, civil, always learn stuff here.
- Surprised that the discussion about monitoring wasn't rocky.
- This is my first meeting, surprised at the openness and wanting to be the best – WIC is wonderful.
- Didn't know what to expect, enjoyed it, from a rural clinic and feel connected, enjoy having a voice.
- Happy with outcome, constructive, nice to hear it is safe, good buy-in to the program, discussion of the letter, good to provide the background, healthy.
- Thanks to everyone who participated, feels better, positive.

As to what can be improved, two comments were offered:

- Would have liked to have everyone here.
- Wish the numbers (needed for Dorota's final projections) would be done quicker.

Public Comment

One person suggested that all DPHHS programs have a similar process for involvement.